



TRANSMITTAL FOR CONTINUING EDUCATION CREDIT

Please type or print legibly

Student Attendee Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ MLO License # or Last 4 SS#: _____

Course Information:

Title of Course: _____

Provider of Course (Company): _____

Location Course Attended: _____

Date(s) Attended: _____ Credit Hours Received: _____

If more than one session of the same course offered, indicate which attended: _____

Contact Person/Instructor Name: _____

Complete one transmittal form per completed course. Transmittal must be submitted to the Department within thirty (30) days of successful course completion (IDAPA 12.01.10.012.02(b)).

Provide the following to be reviewed for continuing education credit hours:

1. Copy of agenda, pamphlet, course materials or other description of course attended;
2. \$25 review fee, if no completion certification provided.
3. Completed, legible transmittal form.

I certify that the information contained in the transmittal herein is true to the best of my knowledge, that I have reviewed the Rules governing continuing education in Idaho, and represent that the course taken meets the criteria set forth in Subsections 012.01 and 010.03 of the Rules Pursuant to the Idaho Residential Mortgage Practices Act (IDAPA 12.01.10).

Date

Authorized Signature/Title

Typed/Printed Name

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